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#13

Minority access
to professions

MAR 10 1988

Rd 1, Box 52
Hinsdale N.Y. 14842
March 7, 1988

Janet P. Mance
Director, Legislative Program

Dear Janet:

I regret that I will not be
able to attend the March 10 meeting
of the Minority Focus Group. Please
cancel the hotel reservation that
I had requested for March 9.

I look forward to rejoining the
Group at its next meeting.

Sincerely,

Kathleen Sward

Janet P. Mance
Director, Legislative Program
New York State Nurses Assoc.
2113 Western Ave.
Boulderland, N.Y. 12084



#12
Minority access
to professions

AGENDA #5(d)

THE NEW YORK STATE NURSES ASSOCIATION
MINORITY FOCUS GROUP
ENTRY INTO PRACTICE POSITION STATEMENT

The need for qualified professional nurses has increased steadily over the last several years to a crisis level. This increased need has resulted in part from advances in health care science and technology, the rising population of the elderly, the increase of chronic illness and the increased acuity of hospitalized clients. The result of these changes has been an increased demand for highly educated nurses prepared to provide comprehensive, complex nursing care in hospitals, long term care facilities and the community.

Retention and recruitment efforts to meet the need for professional personnel have thus far focused on seeking additional financial aid for nursing education, salary enhancement and improved working conditions. At the same time, the current shortage of nurses has been exacerbated by the decline in the number and quality of college bound students, new career opportunities for qualified students and the negative image of nursing. The United States Department of Health and Human Services has predicted a nationwide shortfall of 600,000 baccalaureate and master's prepared nurses by the year 2000.

As a group of ethnic minority nurses we actively seek to increase ethnic minority participation in professional nursing. The increase of minority nurses in all aspects of nursing can enhance health care in this state and especially for minority populations. We are particularly concerned about the disproportionate number of ethnic minorities who are guided into non-academic health careers. This situation reinforces the myth that "minorities lack the ability to achieve academically." The multiple levels of entry into nursing education promotes and maintains most minorities in low-level, dead-end careers. This in and of itself is a discriminatory and self-defeating practice.

Individuals do not select nursing as a career because it is viewed as providing minimal advancement potential and economic rewards. If nursing is to be promoted as a desirable career for minorities, certain changes must be made. First, financial aid must be made available in amounts that will allow pursuit of a professional degree. In addition, nursing must offer upward mobility and advancement potential, commensurate financial rewards and public recognition. Passage of the Entry Into Practice Legislation will be a major step toward achieving these stated goals.

In the present system, those registered professional nurses who are diploma and ADN graduates must continue their education in baccalaureate programs in order to assure upward mobility. Career mobility is virtually non-existent for many LPNs who do not receive academic credits or credentials for a completed course of study.

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Minority access
to professions

-2-

We strongly support the proposed New York State legislation which would require a baccalaureate degree for professional nursing practice and an associate degree for technical nursing practice. Contrary to the belief that the bill would limit minority access into nursing, the bill will actually provide two distinct career paths. Within this system minority students would be able to establish clear career goals. The resulting technical and professional nurse careers would be marketable and would offer greater potential for career mobility.

The New York State Nurses Association's Entry proposal includes a grandfather provision which would protect all nurses currently licensed. The grandfather provision ensures that all nurses holding a license as an RN or LPN prior to enactment of the legislation will continue to be licensed as RN or LPN.

As ethnic minority registered professional nurses, we therefore urge the support of NYSNA's efforts to standardize nursing education. We believe that standardization of nursing education will increase career opportunities for minorities and positively effect the health care of the minority population.

Minority Focus Group

Harriet Brathwaite, RN, MS
Assistant Prof. of Nursing
Long Island University

Ms. Georgia Burnette, RN, MSN, MeD
Asst. Administrator for Nursing
Roswell Park Memorial Institute
SUNY at Stony Brook

Lolita Compas, RN
Clinical Instructor, Education
Cabrini Medical Center

Miriam Gonzalez, BS, RN
Obstetrics Conference Nurse
Nursing Care Coordinator
Bellevue Hospital

Wanda Hackney, RN
Staff Nurse
Erie County Medical Center

Juanita Hunter, EdD, RN
Clinical Assistant Professor
SUNY Buffalo

Maggie Jacobs, MS, RN
Nursing Care Coordinator
Kings County Hospital Ctr.

Delores Long, RN
Staff Nurse
The Jack D. Weiler Hosp.
of Einstein Coll. of Med.
1825 Eastchester Rd
Bronx, NY

Daphne Nelson, RN
Asst. Director of Nursing
University Hospital

Dorothy Ramsey, EdD, RN
Prof./Coord. of Affrm.Act.
Adelphi University
Elmira College

Kathleen Sward, EdD, RN
Prof. and Dir. (retired)
Nursing Education
Elmira College

Kattie Washington, RN, BSN
Nursing Care Coordinator
City Hospital Center at
Elmhurst

JKH:JPM/dah
5/6/88

#73

Minority access
to professions

JKH

FEB 27 1989



harriet brathwaite
cuffee drive, box 1841, sag harbor, n.y. 11963

2/10/89

Dear Dr. Hunter:

I am sorry that I will not be able to make the Council of Legislators' reception - the invitation came so late I had already accepted a request to speak on Black History in the town of Islip Monday Feb 27, 1989. I am writing to you because of your wish to have a minority focus meeting. I think this is a good idea - I had not heard and was concerned this group might disband. I am in full support that this group continue - please send me copies of the minutes - and feel free to express my feelings at the meeting. Hope to see you soon.

Sincerely

Harriet Brathwaite

#73
Minority access
to professions

NEW YORK STATE NURSES ASSOCIATION

Memorandum

To: JKH

From: EC

FYI - How the Minority
Focus group has changed
since 1985 -

Attachment I

MINORITY FOCUS ON ENTRY INTO PRACTICE

December 6, 1985

WORKSHOP PARTICIPANTS

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Minority access
to professions

NEW YORK STATE NURSES ASSOCIATION

Participants in Meeting with Assemblyman
Arthur Eve and Staff (Elaine Blerdin, Dorothy Hill,
Walter Headley) on October 9, 1986

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Member: New York State Board for Nursing

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NYSNA President-elect
ANA - Immediate Past Chairperson, Cabinet on Human Rights

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Minority access
to professions

-2-

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NYSNA STAFF

Dr. Elizabeth Carter
Deputy Director

Ms. Jessie Colin
Associate Director, Economic and General Welfare Program

Dr. Jane Fielding
Director, Planning and Research

Ms. Janet Mance
Director, Legislative Program

EC/JPM/jml
9/17/86
EC:k
Revised 10/21/86

THE NEW YORK STATE NURSES ASSOCIATION MEETING OF THE MINORITY FOCUS GROUP THURSDAY, MARCH 10, 1988

ATTENDING

Harriet Brathwaite
Georgia Burnett
Miriam Gonzalez
Wanda Hackney
Juanita Hunter
Maggie Jacobs
Delores Long
Kattie Washington

NOT ATTENDING

Pearl Skeete Bailey
Lolita Compas
Daphne Nelson
Dorothy Ramsey
Kathleen Sward

#12
Minority access
to professions

THE NEW YORK STATE NURSES ASSOCIATION
MINORITY FOCUS GROUP
ENTRY INTO PRACTICE POSITION STATEMENT

The need for well prepared professional and technical nurses has grown steadily over the last several years due in large part to changes in society. Advances in health care science and technology, the increased population of elderly, and emphasis on home care and illness prevention have contributed to that need. Statistics clearly indicate, however, that fewer potential students are selecting nursing as a career. For the health care needs of New York State and the nation to be met, nurses must receive an education that adequately prepares them for their patient care responsibilities and nursing must be allowed to overcome its image of the vocational career for those not qualified to pursue any other.

As a group of ethnic minority nurses from across New York State we represent a diverse nurse constituency that seeks to achieve ethnic minority participation in professional education in numbers at least equal to the ethnic minority population at large. As nurses we have observed the unmet health care needs of minority populations and the need for nurses skilled in caring for culturally diverse populations. We are also aware of the disproportionate number of ethnic minorities guided into non-academic health careers, reflecting the myth of the inability of minorities to achieve. The current system of nursing education promotes and maintains minorities in low-level, dead-end careers. This is discriminating and self-defeating. Efforts must be made to encourage minority students to enter professional nursing.

We, therefore, strongly support the proposed New York State legislation which would require a baccalaureate degree for professional nursing practice and an associate degree for technical nursing practice. Contrary to the belief that the bill would limit minority access into nursing, the bill will actually provide marketable technical and professional nurse careers with potential for career mobility.

The New York State Nurses Association proposal includes a grandfather provision for all nurses currently licensed. In addition, career mobility options for LPN's and associate degree and diploma prepared RN's are already available (see attached).

-2-

The National Black Nurses Association, in their position paper on Entry Into Practice, identifies three areas that must be addressed in order to improve minority access to education:

Accessibility to educational programs

Opportunities and support for career mobility and advancement

Financial support for students and educational institutions

It is the opinion of the Minority Focus Group that these three areas are not only essential to the educational process for minority students but for all students. These issues are being addressed more aggressively in New York State than in many other states. Of the three, more needs to be done in this state in the provision of financial support for students seeking professional and technical nursing education. Financial and recruitment efforts must be strengthened to encourage full minority participation in higher education.

In summary, as with the general public, ethnic minorities as nurses or patients can only benefit from passage of the Entry Into Practice legislation. For citizens requiring nursing care, adequately prepared nurses have been in short supply for some time. Passage of this legislation is long overdue in New York State.

#93
Minority access
to professions

THE NEW YORK STATE NURSES ASSOCIATION

CAREER MOBILITY FOR LICENSED PRACTICAL NURSES

Continued learning to enhance career mobility can take place within formal degree-granting programs or through continuing education experiences. The phrase "career mobility" has several different meanings including obtaining an advanced degree, changing the focus of one's career, moving up in the structural hierarchy of a work setting and being recognized for excellence in practice without moving away from clinical nursing.

The New York State Nurses Association proposal to elevate and standardize nursing education includes a grandfathering mechanism for all licensed practical nurses currently licensed. For those licensed practical nurses preparing for the transition to the associate nurse level, several options or alternatives are available:

Licensed practical nurses may pursue formal academic credit in associate degree programs in nursing. Presently, there are 55 ADN programs in New York State with wide geographical distribution. One program, the Regents College Degree, enables students to validate knowledge acquired from many sources through testing and through transfer credit earned in a variety of educational programs.

In addition, four ADN programs have been designed exclusively for LPNs wishing to pursue the ADN degree. These programs are: Agricultural and Technical College at Delhi; Helene Fuld School of Nursing of the Joint Diseases North General Hospital in New York City; North Country Community College, Saranac Lake; and The Presbyterian Hospital in the City of New York.

Licensed practical nurses may participate in non-credit formal continuing education programs or courses, particularly in the areas of basic natural and behavioral sciences, advanced communication skills and pharmacodynamics.

In addition, inservice education classes in clinical and institutional facilities are available at employing agencies.

EC/cg
3/17/86

THE NEW YORK STATE NURSES ASSOCIATION

CAREER MOBILITY FOR REGISTERED NURSES

For those nurses with diplomas or associate degrees wishing to pursue study at the baccalaureate level, there are a variety of programs available. Of the 44 baccalaureate programs in nursing in New York State, forty-three (43) accept associate degree and diploma registered nurses with some advanced credit for previous work. There are eleven (11) programs designed specifically to meet the unique needs of these nurses. They are:

College of Staten Island
Daemen College
Elmira College
Long Island University, C.W. Post
Medgar Evers College
Mercy College
Nazareth College
Pace University, Pace Plaza
SUNY College at New Paltz
SUNY College of Technology at Utica/Rome
York College

In addition, the Regents College, without offering a traditional education program, permits nurses to validate knowledge and competencies acquired in their diploma or associate degree programs through testing and transfer of credit. This program permits self-pacing and flexibility for those nurses unable to participate in a formal educational program or setting.

Almost all programs now provide opportunities for nurses to pursue these educational options on a part-time basis.

EC/cg
3/17/86

#12
Minority access
to professions

MEMORANDUM

TO: Dr. Janet Mance, Director, Legislative Affairs, NYSNA
FROM: Pearl S. Bailey, Director, Nursing Program *AB*
SUBJECT: Entry into Practice Position State- DATE: March 22, 1988
ment - Minority Focus Group

The first thought that came to my mind upon reviewing the revised position paper of the Minority Focus Group was that it did not focus on the Entry issue. The nursing shortage, recruitment and retention, and career mobility issues were addressed in detail, and then at the top of page 2 comes a statement of support without adequate rationale for the support.

Please note my comments on a copy of the Statement attached to this memorandum. I would like to see a statement which focuses on Entry and implications for ethnic minorities.

I'm committed to Entry, but I do not support the present Entry bill, therefore, I wish to have my name removed from this statement. Thank you for requesting my input in this matter.

cc: Dr. Juanita Hunter

att.

york college of the city university of new york

DRAFT

THE NEW YORK STATE NURSES ASSOCIATION MINORITY FOCUS GROUP ENTRY INTO PRACTICE POSITION STATEMENT

The need for qualified professional nurses has increased steadily over the last several years. This increased need has resulted in part from advances in health care science and technology, the rising population of the elderly plus the *increased numbers of persons with acute and chronic illnesses*. The results of these changes have been an increased demand for home care services, as well as the growing focus on health promotion and disease prevention.

Recruitment and retention efforts have thus far focused on seeking additional financial aid for nursing education, salary enhancement and improved working conditions. At the same time, the current shortage of nurses has been exacerbated by the decline in the number of college bound students, new career opportunities for these students and the negative image of nursing. The United States Department of Health and Human Services has predicted a nationwide shortfall of 600,000 baccalaureate and master's prepared nurses by the year 2000. This crisis situation, therefore, is expected to continue.

Multiple groups have examined the causes of and solutions to the decline in enrollment in schools of nursing. Individuals do not select nursing as a career because it is viewed as providing minimal advancement potential and economic rewards. (That view is directly related to the multiple entry levels into the profession.) *?? What relationship?*

As a group of ethnic minority nurses we actively seek to increase ethnic minority participation in professional nursing. The increase of minority nurses in all aspects of professional nursing will positively affect the health care of minority populations. We are particularly concerned about the disproportionate number of ethnic minorities who are guided into non-academic health careers. This situation reinforces the myth that "minorities lack the ability to achieve academically." The current system of nursing education promotes and maintains most minorities in low-level, dead-end careers. This in and of itself is a discriminatory and self-defeating practice.

If nursing is to be promoted as a desirable career for minorities, certain changes must be made. First, financial aid must be made available in amounts that will allow pursuit of a professional degree. In addition, nursing must offer upward mobility and advancement potential, commensurate financial rewards and public recognition. *How will Entry impact on the above?*

In the present system, those registered professional nurses who are diploma and ADN graduates must continue their education in baccalaureate programs in order to assure upward mobility. Career mobility is virtually non-existent for the LPN who does not receive academic credits or credentials for a completed course of study.

not completely true, if the LPN decides on career mobility, he/she may accomplish this via the ADN or BSN route. True, there is no articulation except where the LPN education is in a junior college setting.

increased activity of hospitalized patients

reluctance to enter?

There are reportedly long term care facilities, but not the community, well known health care services.

-2-

We strongly support the proposed New York State legislation which would require a baccalaureate degree for professional nursing practice and an associate degree for technical nursing practice. Contrary to the belief that the bill would limit minority access into nursing, the bill will actually provide two distinct career paths. The resulting technical and professional nurse careers would be marketable and would offer greater potential for career mobility. *How does the proposed Entry bill differ from the present system in terms of articulation (i.e. ADN to BSN)?*

The New York State Nurses Association's Entry proposal includes a grandfather provision which would protect all nurses currently licensed. The grandfather provision ensures that all nurses holding a license as an RN or LPN prior to enactment of the legislation will continue to be licensed as RN or LPN.

As ethnic minority registered professional nurses, we therefore urge the support of NYSNA's efforts to standardize nursing education. We believe that standardization of nursing education will increase career opportunities for minorities and positively effect the health care of the minority population. *Based on what criteria?*

Minority Focus Group

~~Pearl Skeete Bailey, EdD, RN~~
Director, Department of Nursing
York College

Maggie Jacobs, MS, RN
Nursing Care Coordinator
Kings County Hospital Center

Harriet Brathwaite, RN, MS
Assistant Prof. of Nursing
Long Island University

Delores Long, RN

Ms. Georgia Burnette, RN, MSN, MeD
Asst. Administrator for Nursing
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Elmira College

Wanda Hackney, RN
Staff Nurse
Erie County Medical Center

Kattie Washington, RN, BSN
Nursing Care Coordinator
City Hospital Center at Elmhurst

Juanita Hunter, EdD, RN
Clinical Assistant Professor
SUNY Buffalo

JKH/ker
3/10/88

YTHODA



OFFICE
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1965-20

30 Cents

Salvation Army building transfer forthcoming

PENN YAN — Things are shaping up concerning the transformation of the Salvation Army building on Seneca Street, Penn Yan, into a community center.

The engineer's report has been completed and the final word on the closing is just around the corner. In fact, the Salvation Army's reply to the Village of Penn Yan purchase offer on the property, was expected to arrive by the time this article appears.

Gerald Nissen, Penn Yan Village trustee and chairman of the village's Parks and Recreation Committee, spoke with attorney for the Salvation Army, Dan Harris of Penn Yan, who said the village could expect the Salvation Army's reply to the village's \$20,000 purchase offer by Feb. 15. That being a holiday, however, the reply was expected a day or two later.

The village originally expected the reply by Feb. 8 but Harris said the Salvation Army's main headquarters in New York City is backlogged, thus causing the delay. He stressed, however, that the Salvation Army is not stalling on the matter and did make a verbal commitment to sign the offer.

In the meantime, Nelson Hansen, who is coordinating the renovation project for the Village of Penn Yan Recreation Commission, began preparations for the conversion of the building, even before final confirmation was

received from the Salvation Army. He commented on some of the work being faced in the project.

"We're set in limbo until we get the final word from the Salvation Army," said Hansen. "We had a contractors meeting and there's no problem getting volunteers. The problem is getting the materials."

Hansen said he will be seeking donations for the materials once the final go-ahead is received.

The work will start from the bottom-up. Work will be done on the foundation first and a temporary bridge will cover the outlet, to allow the work to be done, he noted.

Hansen also said that he hopes to get the student body in Penn Yan involved by asking the student council to get the word around. He thinks it's important that the students participate and feel a part of the project.

Hansen is in the process of writing letters to Romulus, Willard, Dewitt, Phelps, Kodak, and the Bath VA. He's trying to get as much help as he can from the surrounding area, as far as contributions of materials and supplies for the center.

"We're anxious to get going on this project," he said.

According to Hansen, the building, when finished, will be used for young and old alike. It is anticipated that the center will have a full-time director, but, Hansen added, "that's a long ways down the road."

Post offices to reduce hours

Post offices within Yates County are cutting back on their window services this week. The action is being taken in an effort to reduce operating costs, according to Rochester Postmaster Charles Schubert.

Effective Feb. 16, window services at area post offices are being reduced. The reduction in hours will vary at the different post offices, based on the size and location of the facility, Schubert said.

Customers will still have access to post office boxes and vending equipment, where available, he added.

In addition, collection services on Sundays will be eliminated, Schubert said.

Post offices in Yates County

window service will be from 9 a.m. until noon.

Also, there will no longer be Sunday collections, with all mail being collected by noon on Saturdays.

Dundee Post Office will close its windows from 11:30 a.m. to 1 p.m. daily and will continue regular Saturday hours.

Keuka Park Post Office will be closed from 1 until 3 p.m., Monday through Friday. Saturday hours there will remain the same.

Rushville will close its window service from 12:30 until 2:30 p.m., Monday through Friday and will keep its regular Saturday hours, while the Stanley Post Office will close its windows from 11 a.m. un-

Minority access to professions

Fire

Yates County firefighters responded to 32 fire calls during the month of January. The calls are listed below by department.

Benton firefighters were called to a chimney fire at 2845 Rasmussen Road on Jan. 6; the department provided mutual aid to Penn Yan on Jan. 12 for a call at 2550 County House Road, Penn Yan; an unauthorized controlled burn on the Clark Road brought the department out on Jan. 17; the firefighters responded to a chimney fire at 97 Hall Road on Jan. 27; and on Jan. 28, the department was called to a chimney fire at 985 Route 14A.

Branchport firemen responded to a call of wires down on West Lake Road Jan. 4; on Jan. 5, the department provided mutual aid by standing by at the Pulteney Fire Station; mutual aid was again provided to Pulteney twice on Jan. 7, at which time

Branchport stood by at the Pulteney station; and the department responded to a field fire at 441 Vine Road on Jan. 31.

Dundee firefighters provided mutual aid to Wayne on Jan. 6 by standing by at the Dundee station; the department was called for a rescue due to carbon monoxide at 44 Edwina St. on Jan. 7; a false trip of a Link to Life alarm system took firemen to Skye Loch Village on Jan. 13; an electrical fire at Giles Shurfine was the call on Jan. 16; a chimney fire took firemen to 270 Dundee-Starkey Road on Jan. 22; and a couch fire at Skye Loch Village brought firemen out on Jan. 30.

Himrod Fire Department responded to a house fire at 3649 Dundee-Himrod Road on Jan. 14; the department provided mutual aid to Dundee at Giles Shurfine on Jan. 16; and wires down and burning took firemen to Norris

— OBITUARIES —

ELISE R. RIDDLE

GORHAM — Elise Riddle, 67, of 4739 East Swamp Road, Gorham, died Sunday, Feb. 14, 1988 at Clifton Springs Hospital, Clifton Springs.

There were no prior calling hours. A memorial service will be held at 10:30 a.m., Thursday, Feb. 18 at the Perkins Funeral Home, with the Rev. Lyell Drake officiating. Burial will be in Gorham Cemetery.

Mrs. Riddle was born July 13, 1920 in Frankfurt, Germany. She came to the United States in May of 1951.

She is survived by her husband, Horace; two daughters, Joyce Thorpe of Ceres, CA, and Dianna Riddle of Gorham; one son, Ernest Riddle of Manhattan, KS; one grandchild; one sister, Gretel Funk of Hoechst, Germany; and several nieces and nephews.

Memorial contributions may be made to the Stanley-Hall-Gorham Ambulance Fund.

service was Feb. 12 at the Gorham United Methodist Church, with the Rev. Carlos Smith officiating. Burial is in Sand Hill Cemetery, Town of Seneca.

Mrs. Smith was born Sept. 25, 1907 in Pennsylvania, the daughter of Elvin P. and Harriet E. Bennett Miller.

She was a member of the Gorham United Methodist Church, the Emmanuel Class and the Gorham Guild.

She was the widow of Morgan E. Smith, who died in 1981.

She is survived by two sons, Robert C. and Kenneth T., both of Gorham; two daughters, Mrs. Clarence (Shirley) Raes of Geneva and Mrs. William (Bernice) Linehan of Middlesex; six grandchildren; seven great-grandchildren; and several nieces and nephews.

Memorial contributions may be made to the Stanley-Hall-Gorham Ambulance or the Gorham United Methodist Church.

NILS J. SWARD

HIMROD — Nils Sward, 74, of Himrod, died Thursday, Feb. 11, 1988 at Soldiers and Sailors Memorial Hospital, Penn Yan.

Friends were received Feb. 13 at the Townsend-Food Funeral Home, Penn Yan. The funeral service followed the calling hours at the funeral home, with the Rev. William Mudge officiating. Burial is in Maple Grove Cemetery, Horseheads.

Mr. Sward was born Jan. 7, 1914 in Sweden, the son of Bror and Hanna Sward.

He was a retired chemical engineer with Florsynth Corporation of New York City.

He is survived by his wife, Kathleen; one son, Bengt Sward of Houston, TX; one sister, Mrs. Ruth Larsson of Sweden; and several nieces, nephews and cousins.

Memorial contributions may be made to the Penn Yan Public Library.

EDITH A. SMITH

GORHAM — Mrs. Edith Smith, 80, of 4720 Kearney Road, Gorham, died Tuesday, Feb. 9, 1988 at Geneva General Hospital, Geneva.

Friends were received Feb. 11 at the Perkins Funeral Home. The funeral

Penn Yan Village Court, proceedings of Thursday, Jan. 28, Justice Robert Nielsen, presiding.

Kathleen Zawiski, 22, 118 Balsam Lane, Fairport, speeding, \$25; Scott Campbell, 25, RD #1, Hammondsport, uninspected motor vehicle, \$10; Beverly Gordon, 49, 392 West Lake Road, Branchport, uninspected motor vehicle, \$10; Ellen O'Neill, 46, 375 West Lake Road, Keuka Park, failure to obey a traffic control device, \$15.

Donald Bailey, 18, 222 Clinton St., Penn Yan, uninspected motor vehicle, \$10; Kelly Shaffer, 18, 2942 Baldwin Road, Penn Yan, following to close, \$10; Earl Hannan, 48, 181 Seneca St., Penn Yan, no seat belt, \$10.

Penn Yan Village Court, proceedings of Thursday, Feb. 4, Justice Robert Nielsen, presiding.

Richard Morley, 20, 100 Hillcrest Drive, Dundee, uninspected motor vehicle, \$10; Joseph Healy, 74, Healy Hill Farm, Bluff Point, speeding, \$20; Christine Baker, 31, 310 Elm St., Penn Yan, following to close, \$15.

Craig Perryman, 17, 352 West Lake Road, Penn Yan, operating a motor vehicle without a license, \$15; Charlie Bush, 22, 244 East Elm St., Penn Yan, disorderly conduct, \$25; Glen Catlin, 18, 1882 Bordwell Road, Penn Yan, open container, \$25.

Minority access to professions

THE NEW YORK STATE NURSES ASSOCIATION

MEETING OF THE MINORITY FOCUS GROUP

THURSDAY, MARCH 10, 1988

ATTENDING

Harriet Brathwaite
Georgia Burnett
Miriam Gonzalez
Wanda Hackney
Juanita Hunter
Maggie Jacobs
Delores Long
Kattie Washington

*Alvin Georges
ask to*

*for info
could not
attend*

NOT ATTENDING

Pearl Skeete Bailey - class
Lolita Compas - mother in hosp.
- Daphne Nelson - no answer from York
Dorothy Ramsey - no response - incorrect
Kathleen Sward - was going to come
but later said she couldn't.

#1/2
Minority access
to professions

Dr. Pearl Skeete Bailey
W - (718) 262-2000

Mrs. Lolita Compas
H - (212) 777-6422
W - (212) 995-6000

Mrs. Daphne Nelson
H - (516) 821-6878
W - (516) 444-2868

Dr. Dorothy Ramsey
H - (718) 468-1002
W - (516) 663-1008

Dr. Kathleen Sward
W - (607) 243-7321

#12
Minority access
to professions

THE NEW YORK STATE NURSES ASSOCIATION
MINORITY FOCUS GROUP
ENTRY INTO PRACTICE POSITION STATEMENT

The need for well prepared professional and technical nurses has grown steadily over the last several years due in large part to changes in society. Advances in health care science and technology, the increased population of elderly, and emphasis on home care and illness prevention have contributed to that need. Statistics clearly indicate, however, that fewer potential students are selecting nursing as a career. For the health care needs of New York State and the nation to be met, nurses must receive an education that adequately prepares them for their patient care responsibilities and nursing must be allowed to overcome its image of the vocational career for those not qualified to pursue any other.

As a group of ethnic minority nurses from across New York State we represent a diverse nurse constituency that seeks to achieve ethnic minority participation in professional education in numbers at least equal to the ethnic minority population at large. As nurses we have observed the unmet health care needs of minority populations and the need for nurses skilled in caring for culturally diverse populations. We are also aware of the disproportionate number of ethnic minorities guided into non-academic health careers, reflecting the myth of the inability of minorities to achieve. The current system of nursing education promotes and maintains minorities in low-level, dead-end careers. This is discriminating and self-defeating. Efforts must be made to encourage minority students to enter professional nursing.

We, therefore, strongly support the proposed New York State legislation which would require a baccalaureate degree for professional nursing practice and an associate degree for technical nursing practice. Contrary to the belief that the bill would limit minority access into nursing, the bill will actually provide marketable technical and professional nurse careers with potential for career mobility.

The New York State Nurses Association proposal includes a grandfather provision for all nurses currently licensed. In addition, career mobility options for LPN's and associate degree and diploma prepared RN's are already available (see attached).

-2-

The National Black Nurses Association, in their position paper on Entry Into Practice, identifies three areas that must be addressed in order to improve minority access to education:

Accessibility to educational programs

Opportunities and support for career mobility and advancement

Financial support for students and educational institutions

It is the opinion of the Minority Focus Group that these three areas are not only essential to the educational process for minority students but for all students. These issues are being addressed more aggressively in New York State than in many other states. Of the three, more needs to be done in this state in the provision of financial support for students seeking professional and technical nursing education. Financial and recruitment efforts must be strengthened to encourage full minority participation in higher education.

In summary, as with the general public, ethnic minorities as nurses or patients can only benefit from passage of the Entry Into Practice legislation. For citizens requiring nursing care, adequately prepared nurses have been in short supply for some time. Passage of this legislation is long overdue in New York State.

/cl
5/19/87

#13
Minority access
to professions

THE NEW YORK STATE NURSES ASSOCIATION

CAREER MOBILITY FOR LICENSED PRACTICAL NURSES

Continued learning to enhance career mobility can take place within formal degree-granting programs or through continuing education experiences. The phrase "career mobility" has several different meanings including obtaining an advanced degree, changing the focus of one's career, moving up in the structural hierarchy of a work setting and being recognized for excellence in practice without moving away from clinical nursing.

The New York State Nurses Association proposal to elevate and standardize nursing education includes a grandfathering mechanism for all licensed practical nurses currently licensed. For those licensed practical nurses preparing for the transition to the associate nurse level, several options or alternatives are available:

Licensed practical nurses may pursue formal academic credit in associate degree programs in nursing. Presently, there are 55 ADN programs in New York State with wide geographical distribution. One program, the Regents College Degree, enables students to validate knowledge acquired from many sources through testing and through transfer credit earned in a variety of educational programs.

In addition, four ADN programs have been designed exclusively for LPNs wishing to pursue the ADN degree. These programs are: Agricultural and Technical College at Delhi; Helene Fuld School of Nursing of the Joint Diseases North General Hospital in New York City; North Country Community College, Saranac Lake; and The Presbyterian Hospital in the City of New York.

Licensed practical nurses may participate in non-credit formal continuing education programs or courses, particularly in the areas of basic natural and behavioral sciences, advanced communication skills and pharmacodynamics.

In addition, inservice education classes in clinical and institutional facilities are available at employing agencies.

EC/cg
3/17/86

THE NEW YORK STATE NURSES ASSOCIATION

CAREER MOBILITY FOR REGISTERED NURSES

For those nurses with diplomas or associate degrees wishing to pursue study at the baccalaureate level, there are a variety of programs available. Of the 44 baccalaureate programs in nursing in New York State, forty-three (43) accept associate degree and diploma registered nurses with some advanced credit for previous work. There are eleven (11) programs designed specifically to meet the unique needs of these nurses. They are:

College of Staten Island
Daemen College
Elmira College
Long Island University, C.W. Post
Medgar Evers College
Mercy College
Nazareth College
Pace University, Pace Plaza
SUNY College at New Paltz
SUNY College of Technology at Utica/Rome
York College

In addition, the Regents College, without offering a traditional education program, permits nurses to validate knowledge and competencies acquired in their diploma or associate degree programs through testing and transfer of credit. This program permits self-pacing and flexibility for those nurses unable to participate in a formal educational program or setting.

Almost all programs now provide opportunities for nurses to pursue these educational options on a part-time basis.

EC/cg
3/17/86

Minority access
to professions

**NEWS
RELEASE**

**New York State Nurses Association
Public Relations Department
2113 Western Avenue
Guilderland, NY 12084**

FOR RELEASE: Immediate

CONTACT: Mardi J. Massaroni
Public Relations
(518) 456-5371

**ASSEMBLYMAN EVE
AND ETHNIC/MINORITY
NURSING LEADERSHIP TO MEET**

BUFFALO, NY - September 30, 1986 - The New York State Nurses Association (NYSNA) will sponsor a meeting with Assemblyman Arthur O. Eve and leaders of the ethnic/minority nursing community at the Kensington Place Restaurant on Kensington Avenue from 11 a.m. - 2 p.m. on Thursday, October 9. The meeting, designed to discuss legislative issues and mutual concerns, will focus on NYSNA's Entry Into Practice Legislation and minority access to education. The meeting will address NYSNA's efforts in assisting minorities to enter the profession, the Association's work to protect and enhance human rights and Assemblyman Eve's interest in legislation to increase access for minority students.

NYSNA, the nation's oldest and largest state nurses association, is the professional organization for registered nurses in New York State.

Participants in the October 9 meeting include:

Arthur O. Eve, and staff
New York State Assemblyman
Buffalo, New York

Dr. Pearl Bailey
Director, Department of Nursing
York College
Jamaica, New York 11451
Member: New York State Board for Nursing

(more)

MINORITY FOCUS ON ENTRY INTO PRACTICE

THE PURPOSES OF THIS CONVOCATION ARE:

- TO DISCUSS ETHNIC/MINORITY ISSUES AND CONCERNS RELATED TO THE NYSNA ENTRY INTO PRACTICE PROPOSAL.
- TO IDENTIFY COMMUNICATION MECHANISMS TO INFORM NURSES, CONSUMERS AND PROSPECTIVE STUDENTS ABOUT ACCESSIBILITY TO COLLEGIATE NURSING EDUCATION PROGRAMS.
- TO DEVELOP STRATEGIES TO INFORM ^{our colleagues} AND INFLUENCE LEGISLATORS IN REGARD TO SUPPORT OF THE ENTRY INTO PRACTICE PROPOSAL.

11-13-85

-2-

Ms. Harriet Braithwaite
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Creedmoor Psychiatric Center
Queens, New York 11427

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Clinical Instructor, Education
Cabrini Medical Center
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Chairman, NYSNA Council on Human Rights

Ms. Miriam Gonzalez
Obstetrics Conference Nurse
Nursing Care Coordinator
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New York, New York 10016

Ms. Wanda Hackney
Staff Nurse
Erie County Medical Center
Buffalo, New York 14215
NYSNA Council on Legislation

Dr. Juanita Hunter
Clinical Assistant Professor
SUNY Buffalo
Buffalo, New York 14214
NYSNA President-elect
American Nurses' Association - Immediate Past Chairperson, Cabinet on Human Rights

Ms. Maggie Jacobs
Nursing Care Coordinator
Kings County Hospital Center
Brooklyn, New York 11203
Secretary, NYSNA Board of Directors

Dr. Dorothy Ramsey
Professor/Coordinator of Affirmative Action
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Garden City, New York 11530
NYSNA Council on Human Rights

Dr. Kathleen Sward
Professor and Director
Nursing Education
Elmira College
Elmira, New York 14901

Ms. Kattie Washington
Head Nurse Respiratory ICU
New York City Hospital Center at Elmhurst
Elmhurst, New York 11373

NYSNA STAFF

Dr. Elizabeth Carter, Deputy Director

Ms. Jessie Colin, Associate Director, Economic & General Welfare Program

Ms. Janet Mance, Director, Legislative Program

-30-

MJM/wl

Minority access
to professions

THE NEW YORK STATE NURSES ASSOCIATION

MINORITY FOCUS ON ENTRY INTO PRACTICE

December 6, 1985

Chairperson: Dr. Juanita K. Hunter

A G E N D A

- 9:00 - 9:30 a.m. Welcome, Introductions, Purposes, and Review of Agenda
- 9:30 - 10:30 Update on NYSNA Entry Into Practice Project, ANA Videotape and NYSNA Slide Show
- 10:30 - 10:45 Break
- 10:45 - 12:00 Ethnic/Minority Issues and Concerns Related to the Entry Into Practice Proposal
- 12:00 - 1:00 p.m. Lunch
- 1:00 - 2:00 *Assembly* Communication Mechanisms to Inform Nurses, Consumers, and Prospective Students about Accessibility to Collegiate Nursing Education Programs *minority* 2. Issues related to entry
- 2:00 - 2:15 *may eliminate* Break
- 2:15 - 3:30 *Chris* Strategies to Inform and Influence Legislators in Regard to Support of the Entry Into Practice Proposal *influence nurses*
- 3:30 - 4:00 Summary, Discussion, and Planning Future Activities *what is next step*
regional / other groups / Minority Community committee on HP
State Board for Nursing - Pearl

11-18-85

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

December 19, 1985

TO: Dr. Mary X. Britten, Chairperson, Council on Nursing Education
Dr. Kathleen Sward, Chairperson, Council on Human Rights

FROM: Dr. Juanita K. Hunter, President-Elect
and Chairperson, Minority Focus on Entry Into Practice

At the Minority Focus on Entry Into Practice workshop on December 6, 1985, it was recommended that the Council on Nursing Education and the Council on Human Rights undertake the initiative to develop a position paper on Equality in Nursing Education. This refers to equal opportunities for the minority students to have access to BSN programs. There is a concern that the ADN level of nursing could become the level for minority students while the BSN becomes an elitist program.

In addition, it was recommended that a survey be carried out to determine the numbers of minority students in BSN programs in New York State.

Please discuss these recommendations at your next Council meeting.

JKH:EC:K



Minority access
to professions

NEED HELP PAYING FOR COLLEGE EXPENSES ????

Sources of Information About Scholarships, Grants, and Loans

PUBLICATIONS

Benefits for Veterans and Service Personnel with Service since January 31, 1955 and Their Dependents 1S-1 Fact Sheet, January 1981, Veterans Administration, Washington, DC 20420.

Determination of Basic Grant Eligibility Index and Five Federal Financial Aid Programs available from Basic Grants, PO Box 92885, Los Angeles, CA 90009.

Director of Special Programs for Minority Group Members. Garrett Park Press, Garrett Park, MD 20766.

Federal Student Financial Aid Handbook. Available from U.S. Department of Education, Office of Student Financial Assistance, Washington, DC 20202.

Guide to Student Financial Aid. Available from New York State Higher Education Services Corporation (NYSHESC), Student Information, 1 Commerce Plaza, Albany, NY 12255.

New York State Tax Benefit Programs, Publication TP-320. Available from N.Y.S. Department of Taxation and Finance, Taxpayer Services, Albany 12227.

Paying for Your Education: A Guide for Adult Learners. College Board Publications Orders, Box 2815, Princeton, New Jersey 08541.

Scholarships and Loans for Beginning Education in Nursing, Publication No. 41-410. Available from National League for Nursing, Ten Columbus Circle, New York, NY 10019.

Selected List: Postsecondary Education Opportunities for Minorities and Women. Available from "SELECTED List," 1100 17th St. NW, Suite 706, Washington, DC 20036.

Source Catalog of Federal Education Assistance Programs (U.S. Department of Education). Available from Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

"Student Financial Aid for Undergraduate Studies at SUNY." Available by calling 800-342-3811.

(over)

MINORITY FOCUS ON ENTRY INTO PRACTICE

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Brooklyn, NY 11238
(212) 988-4400, Ext. 530

718-783-0233

Minority access
to professions

INFORMATION SERVICES

The Admission, Referral and Information Center (ARIC) (information and advice on college choices and available financial aid), ARIC, 500 Eighth Ave., Rm. 412, New York, NY 10018, 800-442-7014.

Student Financial Aid Hotline: 1-800-642-6234

CONTACT THE FINANCIAL AID OFFICER AT THE SCHOOL YOU PLAN TO ATTEND FOR FURTHER INFORMATION REGARDING THE ABOVE AND ADDITIONAL FINANCIAL AID PROGRAMS

CLT/cg
12/05/85

Minority access
to professions

MINORITY FOCUS ON ENTRY INTO PRACTICE

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Minority access
to professions

NOTES

Issues

Programs - cost money

waiver of

ANA 4/1985

Film - Be Trained educated

positive yes go back to school - how (handouts on programs)
available & how to

cannot be viewed as the all

State Board - North Dakota passed entry three regulations
changed requirements - did not change title

49 States have moved on entry

17 specialty organizations

Action

1 Contact North Dakota - Barbara Hipp

2 1/2 to 4 yr

+ ^{various} institutions to 4 yr

Communications

most effective 1 to 1 becomes breakpoint - issues must be spread

Image of Nurses - Groups include NANA

Shapiro Station

ANA Film on Public Television

15

5 7

5
Legis

5

Comm

Edmund

Predicting the Success of Minority Students in a Baccalaureate Nursing Program

Kathleen Kluznik Boyle, RN, MS

ABSTRACT

Entering grade point average (ENTGPA), American College Test Assessment (ACT), high school rank (HSRANK), high school GPA (HSGPA), number of college credit hours prior to program admission (HRSPTA), age at admission, and an index of applicant motivation and related experience (MEP) were investigated to determine the best predictive combination of variables for success among minorities in a baccalaureate nursing program. Final GPA, program completion, and State Board Examination (SBTPE) performance were used as indicators of success. Minority students (N = 145) admitted between 1971-1981 were identified by record review. Two minority subgroups, blacks (n = 111) and nonblack minorities (n = 34) were compared using multiple regression and discriminant analysis procedures. ACT was the strongest, most consistent predictor of SBTPE performance and final GPA for all minorities. ENTGPA and ACT provided substantial predictive power for both subgroups, but explained markedly less variance for blacks. HSGPA, HRSPTA, and HSRANK explained some variance differently by subgroup. ENTGPA provided the only discrimination between graduates and dropouts. Cognitive attributes are critical to academic success among minorities, although predictors may vary in explanatory power by minority group. Variables interfering with program completion need to be explored.

KATHLEEN KLUZNIK BOYLE, RN, MS, doctoral student, Case Western Reserve University, Cleveland, Ohio.

The author wishes to thank J. Aubuchon, PhD, and J. Hatfield, Statistical Consultant, Department of Statistics; P. Schwirian, RN, PhD, College of Nursing, The Ohio State University, Columbus; and I. Abraham, RN, PhD, Case Western Reserve University, Cleveland, Ohio, who provided statistical assistance and comments at various stages of the manuscript preparation.

Introduction

Student retention and success has been a pervasive issue in the nursing education literature. While nursing has been plagued with high attrition among students and practitioners, the applicant pool has not diminished in quantity or quality at the institution where this study was conducted. Most nursing education programs cannot accommodate all minimally qualified applicants; so the admissions process continues to be scrutinized critically to ensure the selection of the most potentially successful students. While studies have demonstrated repeatedly the significance of cognitive predictors, philosophical considerations also guide the admissions process (Schwirian, 1977a, 1977b). Nursing's commitment to the provision of equitable services to a diverse population has assured a continuing interest in a heterogeneous provider population (Claerbaut, 1978; de Tornay & Russell, 1978; Feldbaum & Levitt, 1980; Snead, 1983).

Minorities have been underrepresented in nursing (Philpot & Bernstein, 1978). This has been blamed on discrimination, highly restrictive admission policies, educational and economic deprivation, student alienation in nursing school, faculty inadequacy in meeting minority students' needs, inadequate academic preparation and counseling, few minority faculty and peers, programs unresponsive to non-traditional students, and heightened competition for minorities with high academic credentials (Claerbaut, 1976; Feldbaum & Levitt, 1980; Malhiot & Ninan, 1979; Miller, 1972). Minorities have been characterized as "high risk" students (de Tornay & Russell, 1978; Reed & Hudspohl, 1983). Schools tend to admit low risk students, generally a homogeneous group reflecting middle class norms. Minority students often experience higher attrition rates than white students (Feldbaum & Levitt, 1980; McDonald, Collins & Walker, 1983). Bower (1976) reported a minority attrition of 38% compared to 10% for all students. Educationally disadvantaged students face stiff competition in admissions. A recurring issue is whether

the predominantly cognitive admissions criteria are valid and reliable indicators of success for minority students.

Predictors of Success

Admissions criteria reflect the indicators judged most likely to identify successful students. Schwirian's (1977b) survey of 150 nursing programs identified the most frequently cited criteria as: health data, high school rank (HSRANK), high school grade point average (HSGPA), interviews, college GPA, biographical data and personal references, American College Test Assessment (ACT), Scholastic Aptitude Test (SAT), and autobiographical essays. Of these criteria, all but two reflect prior academic achievement.

The most reliable predictors were those known to be predictive of academic achievement in general. School achievement often has been operationalized as program completion, overall GPA, or specific course grades. Performance on State Board Test Pool Examinations (SBTPE) usually was examined separately. Predictors of college graduation included HSGPA, HSRANK, and ACT composite score (Neely, 1977). Significant predictors of nursing student success reported during 1965-1975 included: HSGPA, HSRANK, ACT, SAT, prenursing GPA, and the NLN prenursing examination (Schwirian, 1977a). Publications subsequent to Schwirian's report continued to substantiate these findings (Alichnie & Bellucci, 1981; Clemence & Brink, 1978; Halpin, Halpin, & Hauf, 1976; Seither, 1980). Noncognitive predictors have been explored, but offer little predictive value above that provided by cognitive predictors (Schwirian, 1977a). Clemence and Brink identified ethnicity as the only significant demographic variable they investigated.

Reliable predictors of SBTPE performance are also cognitive. Significant predictors included HSGPA, SAT, HSRANK, entering age, freshman GPA, hours completed prior to admission (HRSPTA), the NLN achievement test, ACT, final GPA, selected course grades, Iowa Test of Educational Development, intelligence, and high school attended (Schwirian, 1977a). Consistent findings continue to be reported (Breyer, 1984; Dell & Halpin, 1984; Perez, 1977; Seither, 1980; Sharp, 1984). Similar relationships are beginning to be identified for the NCLEX-RN (Breyer, 1984).

Four studies have focused on minorities. Haney, Michael, & Martois (1976, 1977) compared caucasians, Mexican-Americans, and blacks. The 1976 study examined predictors of selected course grades, NLN achievement test scores, and GPA, and revealed that while most of the predictor variables were valid for caucasians, few were valid for Mexican-Americans and even fewer for blacks. For Mexican-Americans high school GPA; high school coursework; age; college coursework; and reading, mathematics, and study skills tests all predicted academic success. For blacks, only the cognitive predictors of college coursework, reading tests, mathematics skills, and study

skills evidenced predictive relationships. The single most valid predictor for all three ethnic groups was the reading vocabulary test. These investigators studied the same group of students' performance on the SBTPE (Haney, Michael, & Martois, 1977). Reading skills served as the most valid predictor obtained prior to the students' nursing education. The final GPA and NLN achievement test scores provided the highest validity coefficients for each ethnic group.

Feldbaum and Levitt (1980) reported that high school achievement was a poor indicator of nursing school performance, except for those who had performed very well in high school. They found that many poor high school performers did well in nursing school. Dell and Halpin (1984) studied students in a predominantly black baccalaureate program. High school GPA, SAT scores and the NLN prenursing examination significantly differentiated between dropouts and graduates. For graduates, these same variables in addition to college GPA significantly differentiated successful SBTPE performance. Dell and Halpin (1984) concluded that these cognitive predictors were effective for all ethnic groups and recommended the use of high school GPA, SAT scores, and NLN scores as sound admissions criteria for all applicants.

Despite the wealth of studies on student success, little is known about minority students. Feldbaum and Levitt (1980) claimed that 32.2% of baccalaureate schools reported altering their admissions criteria to assist entry of minority students; yet, very few studies of minority students have been reported. Haney, Michael, and Martois (1977) concluded that predictors for caucasians are not useful for minorities and vice versa. Claerbaut (1978) called for a need for research related to minorities in nursing education to allow effective instructional design. Dell and Halpin (1984) noted that little research has been conducted regarding baccalaureate predictors. Sharp (1984) cited a need to investigate ACT as a predictive variable for SBTPE and GPA and for incompleteness. Dropouts and non-black minorities have received little attention. Sharp also recognized a need to explore noncognitive predictors, such as motivational traits. Some of these gaps are addressed in this study.

This study was undertaken to evaluate the effectiveness of admissions criteria in selecting successful minority students in a large midwestern baccalaureate program as measured by program completion; final GPA; and SBTPE scores, medical (MED), psychiatric (PSYCH), surgical (SURG), obstetric (OB), and pediatric (CHLD) nursing scores. Five questions were posed.

1. How much variability in success, measured by SBTPE scores and final GPA, by minority group can be explained by the variables entering GPA (ENTGPA), ACT composite score (ACT), high school rank (HSRANK), high school GPA (HSGPA), and entering age (AGE)? HSRANK is the decimal obtained by dividing rank in high school by class size; smaller numbers indicate higher class rank.
2. What is the optimal set of variables to predict success (SBTPE scores and final GPA) for each minority group?
3. What contribution to predicting success (SBTPE

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scores and final GPA) do ACT, ENTGPA, HSRANK, HSGPA, AGE, and MEP (a numeric score reflecting motivation and related experience) provide for each minority group?

4. What variables discriminate between students who complete and those who do not complete the program by minority group?

5. How accurately do selected predictors categorize students as graduates versus dropouts?

Procedure

Subjects for this study were 145 minority students admitted to the baccalaureate program from 1971 through 1981. Two minority subgroups were identified: (1) black students (n=111) and (2) Oriental, Hispanic, and Native American students (n=34). Oriental students constituted 75% of the second subgroup. Registered nurse students and currently enrolled students were excluded. The time period selected reflects a phase during which the curriculum and admissions criteria remained stable. Data were collected by record review. Data were incomplete for some subjects, particularly the HSGPA and MEP.

An exploratory statistical approach was taken to test various models that would best describe the data. Data were analyzed in two stages. The first stage addressed the first three questions posed, using multiple regression and stepwise multiple regression to predict GPA and SBTPE performance for those students completing the program (n=98). Stepwise multiple regression using both forward selection and backward elimination was implemented to select variables for the reduced model. The t-value for entering and removing variables was 2. An F-test of the full versus the reduced model was conducted to determine whether the remaining variables in the full model added any significant predictive power beyond those variables in the reduced model. All other one-predictor models were tested to determine the individual contributions of each variable to predicting the response variable. Residuals were plotted to check whether the model met the assumptions of the regression model. Minitab was chosen for this stage of the data analysis.

The second stage of analysis addressed questions 4 and 5. Discriminant and stepwise discriminant analyses were performed to establish a group assignment rule and to assess its accuracy in classifying students as program graduates/dropouts. Stepwise discriminant analysis was used to select the most powerful combination of discriminating variables. Variables were entered at $p < .15$. The Statistical Analysis System (SAS) was used for this stage of analysis.

Findings and Interpretations

The Sample: Descriptive statistics for each variable are presented in Table 1. Seventy-three blacks (66%) and 25

Variable	Total		Black		Other	
	M	SD	M	SD	M	SD
Age	21.2	3.9	21.2	3.8	21.3	4.2
HSGPA	3.1	.5	3.0	.5	3.3	.4
ACT	16.6	5.4	15.4	4.7	21.0	5.5
HRSPPTA	76.5	33.8	78.9	35.8	68.8	25.3
HSRANK	.22	.19	.23	.20	.18	.15
GPA*	2.8	.3	2.8	.3	3.2	.4
ENTGPA	2.8	.3	2.7	.3	3.0	.4
MEP	16.8	2.6	17.5	2.0	15.5	3.1
MED	452.0	100.0	433.0	98.0	519.0	80.0
PSYCH	487.0	95.0	469.0	94.0	552.0	64.0
OB	449.0	97.0	440.0	101.0	485.0	75.0
SURG	458.0	112.0	441.0	112.0	517.0	97.0
CHLD	447.0	92.0	437.0	95.0	484.0	71.0

*graduates only.

SBTPE	R ²	Predictor	Beta	F*	df
MED					
Total	.57	ACT	14.2	63.62	1,48
Black	.52	ACT	15.8	39.63	1,36
PSYCH					
Total	.48	ACT	12.3	43.64	1,48
Black	.37	ACT	13.1	21.26	1,36
OB					
Total	.33	ACT	7.6	11.01	2,45
Black	.28	HSRANK	-1.96		
		ACT	9.6	6.32	2,33
		HSRANK	-1.8		
SURG					
Total	.31	ACT	11.6	21.26	1,48
Black	.27	ACT	12.8	13.04	1,36
CHLD					
Total	.31	ACT	9.6	21.98	1,48
Black	.37	ACT	11.5	10.58	2,35
		HRSPPTA	1.0		

*p < .01

other minorities (74%) completed the program. Of those students completing the program that reported SBTPE or NCLEX-RN results, 41 blacks (65%) passed the entire examination, while 22 (35%) failed at least one examination. Nineteen (100%) other minorities reported successful performance.

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SBTPE	Predictor	Beta	R ²	t	df	p <	F	df	p <
MED									
Total	ACT	14.2	.57	7.98	48	.001	63.62	1,48	.01
	ENGPA	114.0	.16	3.17	53	.005	10.05	1,53	.01
	HSRANK	-1.8	.09	-2.12	46	.005	4.48	1,46	.05
Black	ACT	15.8	.52	6.3	36	.001	39.63	1,36	.01
PSYCH									
Total	ACT	12.3	.48	6.61	48	.001	43.64	1,48	.01
	ENTGPA	98.5	.14	2.88	53	.01	8.28	1,53	.01
Black	ACT	13.1	.37	4.61	36	.001	21.26	1,36	.01
OB									
Total	ACT	9.2	.26	4.11	48	.001	16.89	1,48	.01
	ENTGPA	109.0	.16	3.12	53	.005	9.76	1,53	.01
	HSRANK	-2.4	.17	-3.09	46	.005	9.57	1,46	.01
Black	ACT	10.9	.24	3.32	36	.001	11.04	1,36	.01
	HSRANK	-2.1	.14	-2.32	34	.05	5.38	1,34	.05
SURG									
Total	ACT	11.6	.31	4.61	48	.001	21.26	1,48	.01
Black	ACT	12.8	.27	3.61	36	.001	13.04	1,36	.01
	HRSPPTA	.9	.09	2.8	41	.01	4.06	1,41	.05
CHLD									
Total	ACT	9.6	.31	4.69	48	.001	21.98	1,48	.01
Black	ACT	11.2	.27	3.68	36	.001	13.52	1,36	.01
	HRSPPTA	.9	.14	2.56	41	.01	6.58	1,41	.05

els for each examination for all minorities and for the black subgroup are reported in Table 2. Insufficient numbers precluded a separate analysis for other minorities.

In each case the full model included the five predictors ENTGPA, ACT, HSRANK, AGE, and HRSPPTA. The F-values were significant ($p < .05$) for each full model, indicating that these five predictors as a group were useful in predicting the scores. The full models accounted for 25% to 55% of the explained variance and were similar for the total group and the black subgroup. The F-tests of the full versus the reduced models were not significant, indicating that variables not included in the reduced model added no significant predictive power. ACT was a significant predictor for each test score for all subjects. ACT was the sole predictor in the reduced models for the MED, PSYCH, and SURG scores for the total group and the black subgroup and for the CHLD score for the total group. HSRANK was included in the reduced model for the OB score for all subjects. HRSPPTA was selected for the black subgroup's CHLD score.

The significant independent contributions made by each predictor identified from one-predictor models are shown in Table 3. ACT consistently accounted for the majority of the explained variance. ENTGPA was significant for the MED, PSYCH, and OB scores for the total group, accounting for 14% to 16% of the explained variance. HSRANK was significant for MED scores for the total group and for OB

Group	R ²	Predictor	Beta	F*	df
Total	.64	ENTGPA	.57	68.76	2,81
		ACT	.02		
Black	.44	ENTGPA	.42	23.50	2,60
		ACT	.02		
Other	.81	ENTGPA	.88	39.51	2,18
		ACT	.02		

p < .01

scores for the total group and the black subgroup. HRSPPTA was significant for SURG and CHLD scores for the black subgroup only. AGE and HSGPA were not significant predictors for any of the scores.

ACT clearly emerges as the only variable with any significant explanatory power for SBTPE performance. According to these findings, a student's ACT score alone can explain 24% to 57% of the variance in test scores. Examining other predictors (ENTGPA, HSRANK, AGE, HRSPPTA) gen-

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erally adds very little additional information, although ENTGPA, HSRANK, and HRSPTA offer some explanation of the scores. Overall, the findings were similar for the black subgroup and the total minority group. Further confidence in the predictive models was provided by the plots of the independent versus dependent variables, which revealed linear relationships, and the plots of the residuals, which appeared to support the assumptions of linear regression.

Academic Success: Final cumulative GPA (GPA) was the indicator of academic success. The sample (n=98) consisted of all students completing the program. In each case the full model consisted of the variables ENTGPA, ACT, HSRANK, AGE, and HRSPTA. The F-values were significant ($p < .005$) for each full model, indicating that the five predictors as a group were useful in predicting final GPA. The variance accounted for by the full model was very different for each group, with R^2 , adjusted for degrees of freedom, equal to .38 for blacks, .86 for other minorities, and .62 for the total group. Stepwise regression selected the same two variables for the best predictive model for all three groups as shown in Table 4. The F-tests of the full versus reduced models were not significant, indicating for all three groups that HSRANK, AGE, and HRSPTA did not add significant predictive power. The one-predictor models showed that ENTGPA and ACT each provided substantial predictive

power for all groups. ENTGPA and ACT offered less predictive power for the black subgroup. HSGPA was significant for the overall group and for the black subgroup. HSRANK was significant for the overall group and for the other subgroup. MEP, HRSPTA, and AGE were not significant for any group. The significant independent contributions made by each predictor identified from one-predictor models are shown in Table 5.

Program Completion/Incompletion: Models were determined for each minority subgroup and for the total minority sample. HSRANK, ENTGPA, ACT, MEP, HRSPTA, and HSGPA were examined in different combinations in four, five, and six-predictor models. ENTGPA was the only variable which differentiated those students who completed the program from those who did not complete for the total minority group and for the black subgroup, but ENTGPA accounted for only 6% to 7% of the explained variance. The higher the ENTGPA, the greater was the likelihood of program completion. The effectiveness of ENTGPA in predicting program completion is shown in Table 6. ENTGPA predicted completion more accurately than incompletion: 75% of all minority students who completed the program were classified accurately as successful, but only 56% of those who did not complete the program were classified accurately as dropouts.

TABLE 5

SIGNIFICANT ($p < .05$) ONE-PREDICTOR MODELS FOR ACADEMIC SUCCESS (GPA) FOR TOTAL MINORITIES, BLACK SUBGROUP, AND OTHER SUBGROUP

Group	Predictor	Beta	R ²	t	df	p<	F	df	p<
Total	ENTGPA	.668	.50	9.73	96	.0001	94.72	1,96	.01
	ACT	.036	.34	6.49	82	.0001	42.18	2,82	.01
	HSRANK	.004	.06	-2.28	83	.05	5.18	1,83	.05
	HSGPA	.265	.15	2.82	45	.01	7.98	1,45	.01
Black	ENTGPA	.444	.28	5.25	71	.0001	27.54	1,71	.01
	ACT	.025	.20	3.95	61	.0001	15.60	1,61	.01
	HSGPA	.194	.13	2.32	36	.05	5.39	1,36	.05
Other	ENTGPA	.949	.75	8.33	23	.0001	69.40	1,23	.01
	ACT	.051	.37	3.31	19	.005	10.94	1,19	.01
	HSRANK	-.02	.36	-3.23	19	.005	10.47	1,19	.01

TABLE 6

DISCRIMINANT FUNCTION ANALYSIS FOR PREDICTION OF PROGRAM COMPLETION/NONCOMPLETION BY MINORITY GROUP, USING ENTGPA AS THE DISCRIMINATING VARIABLE

Discriminant Coefficient	Constant	R ²	F	df	p	Classification Accuracy		
						Comp	Noncomp	
Total	25.82	-.33.9	.07	10.36	1,143	.002	75%	56%
Black	33.88	-.43.90	.06	7.36	1,109	.008	71%	55%
Other	20.80	-.29.22	.07	2.42	1,32	.129	67%	60%

Discussion, Conclusions, Recommendations

Cognitive predictors accounted for the majority of the explained variance in test scores and final GPA. While the full models significantly predicted SBTPE performance and final GPA for all minority students, further analyses reduced the full models to optimal sets of predictive variables. This process eliminated the variables, HSGPA and AGE, from all the SBTPE models. ACT was the strongest, most consistent predictor for SBTPE performance for all minorities. HSRANK and HRSPTA offered some explanatory power, particularly for black students. For all minorities, but especially for nonblack minorities, the best predictive models for final GPA were the two-variable models, ENTGPA and ACT. HSRANK contributed to predictive power for blacks, while HSRANK contributed to predicting final GPA for other minorities. AGE, MEP, and HRSPTA were not significant predictors.

Various multiple regression models, comprised of different combinations of cognitive predictors by minority group, were identified to predict final GPA and SBTPE scores. While sample size, particularly for other minorities, hampered the analyses, the findings lend support to the notion that predictors may vary in explanatory power among minority groups. Further investigation of diverse ethnic groups seems warranted. Only one variable, ENTGPA, emerged as a significant but weak discriminant function of program completion among minorities. None of the variables were significant for the other minority subgroups. ENTGPA did not accurately predict the program dropouts. The failure of these cognitive predictors to discriminate contrasts with the findings of Dell and Halpin (1984), who identified HSGPA, SAT, and NLN pre-nursing scores as significant discriminators.

Cognitive attributes seem necessary but not sufficient for academic success among minorities. Measures of prior academic achievement in high school and college proved to be the strongest predictors for all measures of academic success. Students who had performed well continued to do so, which is consistent with the findings of Feldbaum and Levitt (1980). Overall, the predictive power of cognitive variables was less for blacks than for other minorities, which is congruent with the findings of Haney, Michael, & Martois (1976, 1977). Predictors for the unexplained variance, especially among blacks remain elusive. Some argue that cognitive measures may be inherently culturally biased. The issue of predicting program completion, rather than predicting quantitative differences in SBTPE scores and final GPA, is perhaps the more critical issue for programs that restrict admission to those students at least minimally qualified to succeed. Attrition cannot be adequately predicted by these cognitive indicators, but Schwirian (1977a) maintains that less than 50% of attrition is related to academic difficulty. This might assume even greater importance among minorities, particularly blacks, who experience greater social and economic disadvantages. Limotone (1978) addressed the dilemma of providing

educational opportunities to disadvantaged applicants without imposing legally objectionable differential admissions standards. He recommended a two-stage admissions process: first, select all applicants with the potential for successful program completion and, second, consider the diversity of applicants' backgrounds and interests in the final selection. Factors interfering with program completion need to be explored. Numerous authors suggest that attention needs to be devoted to retention efforts to bolster the cadre of minority nurses (Buckley, 1980; de Tornay & Russell, 1978; Drice & Williams, 1978; Feldbaum & Levitt, 1980; Malhiot & Ninan, 1979; McDonald, Collins, & Walker, 1983; Reed & Hudepohl, 1983; Wong & Wong, 1982). To attain the goal of ethnic diversity, further attention needs to be directed to the identification of predictors of academic success and to the provision of effective supportive programming.

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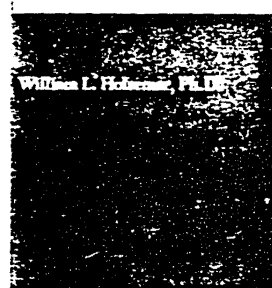
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